MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-010546
STATE FILE NUMBER

FILED MAR 27 1963

1. Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 395

DO NOT WRITE ON THIS STUB — AMENDED

VS 300
Rev. 4/59

15117
25117

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
2			
3			
4	0		
5	3		
6			
7	1		
8	2		
9	026X		
10			
11			
12	93-0		
13	1-0		

USE BLACK INK OR TYPEWRITER RIBBON

BY AFFIDAVIT OF DOCUMENT

M. Tahir, M.D. MEDICAL CERTIFICATION

1. PLACE OF DEATH
a. COUNTY: Buchanan
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Joseph
Length of stay in 1b: most of life
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: State Hosp. #2
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Buchanan
c. CITY OR TOWN: St. Joseph
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 2338 So. 12th
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First LEON Middle Last QUIGLEY

4. DATE OF DEATH: Month Day Year: March 19, 1963

5. SEX: male

6. COLOR OR RACE: white

7. Married ☐ Never Married ☐ Widowed ☐ Divorced ☒

8. DATE OF BIRTH: 10/8/1890

9. AGE (Last birthday): 72
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HR: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): laborer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and state or country): Minn.

12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Marion Quigley

13b. MOTHER'S MAIDEN NAME: Florence Quackenbush

14. NAME OF HUSBAND OR WIFE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of): no

16. SOCIAL SECURITY NO.:

17. INFORMANT Address: State Hospital Records, St. Joseph, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for a, b, and c.)
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Bronchopneumonia	10 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Thrombo phlebitis both legs	years
DUE TO (c)	Chronic Nephritis	unknown
	Syphilitic nervous system	25 years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 3/22/63 to 3/19/63 and last saw her/him alive on 3/19/1963
Death occurred at 3:10 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Mohammad Tahir M.D.

22b. ADDRESS: State Hosp. #2, St. Joseph, Mo.

22c. DATE SIGNED: 3/21/63

23a. BURIAL, CREMATION, REMOVAL (Specify): removal

23b. DATE: 3/21/1963

23c. NAME OF CEMETERY OR CREMATORY:

23d. LOCATION (City, town, or county) (State): Kirksville Missouri

24. FUNERAL DIRECTOR ADDRESS: Heaton-Bowman St. Joseph, Mo.

25. DATE RECD. BY LOCAL REG.: Mar. 26, 1963

26. REGISTRAR'S SIGNATURE: Mrs. Clark Goodell

(Licensed Embalmer's Statement on Reverse Side)

Permit issued 3-21-63

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed [signature]

Licensed Embalmer No. 4535

P. O. Address [illegible]

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.